



Voluntary Chronic Wasting Disease (CWD) Testing Result Release Form

I acknowledge that I am voluntarily submitting a sample from my harvested animal to Colorado State University's Diagnostic Laboratory for Chronic Wasting Disease (CWD) testing. I hereby consent to the release of the results (positive or negative) to Montana Fish, Wildlife and Parks. This will assist Montana Fish, Wildlife and Parks in their continuing effort to survey for the disease. I acknowledge that I am financially responsible for this test.

Printed Name	
Signature of Submitter	Date

**Montana Wildlife Health Laboratory
Montana Fish, Wildlife, and Parks
1400 S. 19th Avenue
(406) 994-6358**

CSU Office Use Only

Please forward results to Montana's Wildlife Health Lab, fwpwildlab@MT.gov